| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155756 | A. BUILDING 00<br>B. WING | 02/05/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COVENTRY MEADOWS | 7843 W JEFFERSON BLVD<br>FORT WAYNE, IN 46804 |

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| F000000 | This visit was for the Investigation of Complaint IN00123181.<br><br>Complaint IN00123181-Substantiated. Federal/state deficiencies related to the allegations are cited at F 282.<br><br>Survey dates: February 4, and 5, 2013<br><br>Facility number: 004945<br>Provider number: 155756<br>AIM number: 200814400<br><br>Survey team:<br>Christine Fodrea, RN TC<br><br>Census bed type:<br>SNF: 34<br>SNF/NF: 106<br>Total: 140<br><br>Census payor type:<br>Medicare: 34<br>Medicaid: 66<br>Other: 40<br>Total: 140<br><br>Sample: 5<br><br>These deficiencies reflect state findings | F000000 | The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Due to relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after March 7, 2013. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | cited in accordance with 410 IAC 16.2.<br><br>Quality review completed on February 6, 2013 by Randy Fry RN. | | | |

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| F000282 SS=D | 483.20(k)(3)(ii)<br>SERVICES BY QUALIFIED PERSONS/PER CARE PLAN<br>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.<br><br>Based on observation , interview and record review, the facility failed to ensure fall injury prevention interventions were in place as indicated on the plan of care for 1 of 3 residents reviewed for fall injury prevention interventions in a sample of 6. (Resident #D)<br><br>Findings include:<br><br>Resident #D's record was reviewed 2-4-2013 at 10:40 AM. Resident #D's diagnoses included but were not limited to respiratory failure, high blood pressure, and anemia.<br><br>On 2-4-2012 at 9:10 AM, LPN #2 provided a current CNA assignment sheet. The assignment sheet indicated Resident #D required hipsters to be on while up.<br><br>On 2-4-2013 at 9:45 AM, it was observed Resident #D did not have hipsters on as outlined on the CNA assignment sheet. | F000282 | **F 282 Services By Qualified Persons/Per Care Plan** It is the practice of this facility to ensure that fall injury prevention interventions are in place as indicated on the plan of care for all Residents. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** · The floor nurse, and Nurse Manager for the affected resident will check daily to ensure that hipsters are applied each morning. The Nurse will initial on the treatment administration record after checking that the hipsters have been applied. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** · No other residents were found to have been affected by the alleged deficient practice. · All Residents are assessed for Risk of Falls upon admission and with any change in condition. Injury prevention interventions are initiated per Residents needs and care planned. · All Residents who have fall injury prevention interventions on their care plans | 03/07/2013 |

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| | A review of a current care plan titled at risk for falls dated 10-10-2012 indicated hipsters were to be worn. The intervention was dated 12-14-2012.<br><br>On 2-4-2013 at 11:10 AM, in a confidential interview, a family member indicated the hipsters were not on consistently.<br><br>On 2-4-2013 at 11:15 AM, CNA #3 indicated if hipsters were on the assignment sheet, then Resident #D should have hipsters on. CNA #3 further indicated the hipsters were not on and was unsure why the hipsters were not on.<br><br>On 2-5-2013 at 9:31 AM, Resident #D was up in the wheelchair. Hipsters were not on. Resident #D indicated in an interview on 2-5-2013 at 9:31 AM, the hipsters had not been put on that morning.<br><br>On 2-5-2013 at 9:31 AM, COTA #4 indicated Resident #D did not have hipsters on. She further indicated the hipsters should be on and would apply them immediately.<br><br>This Federal tag relates to complaint number IN 00123181. | | will be added to a fall prevention interventions list, which will be attached to the front of the CNA's assignment sheet, with the interventions listed under the residents name rather than placed among the information that is on their assignment sheets; therefore making it easy to read/acknowledge. · Nurse managers will be given the fall injury prevention intervention list to check when making their rounds to ensure that the residents have the interventions in place as well as the CNA's and Floor Nurses. · DNS/Designee conducted an audit for all residents who are at risk for falls to ensure all fall interventions were in place per residents plan of care. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** · The Staff Development Coordinator will in-service the nursing staff on or before 3/7/13 on fall injury prevention interventions and the importance of making sure they are in place at all times. See Exhibit A. · The DNS is responsible to oversee compliance. · All Residents who have fall injury prevention interventions on their care plans will be added to a fall prevention interventions list, which will be attached to the front of the CNA's assignment sheet, with the interventions listed under the | |

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| | 3.1-35(g)(2) | | residents name rather than placed among the information that is on their assignment sheets; therefore making it easy to read/acknowledge. · Nurse managers will be given the fall injury prevention intervention list to check when making their rounds to ensure that the residents have the interventions in place as well as the CNA's and Floor Nurses. . **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** · A CQI monitoring tool (Care Plan Updating) will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT. See Exhibit B · Data will be collected by DNS/Designee and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed. · Non-compliance with facility procedure may result in disciplinary action up to and including termination.<br><br>**Completion date: 03/07/2013** | |